

# STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

MAR 1 2008

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

191369

Application for a Class  
C Taxi Application

Posted: DDule  
Dept: SA  
Date: 3.14.08  
Time: 12:30

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-102-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Danny D Graham

Telephone: 843 254-5723

Address: 2994 Dottie Rd  
Conway SC 29526

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

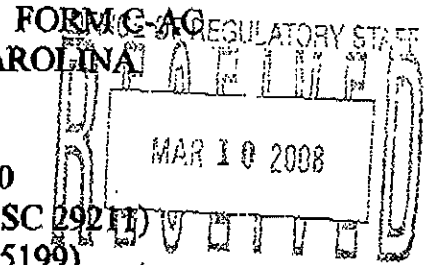
### NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petitioner                          |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
MAR 14 2008  
SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-254-5723.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803) 896-5199



CLASS C - TAXI

DATE 3-7-2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Danny O. Graham dba Standard Cab

2. (a) Street Address of Applicant 2994 Dossie Rd

Conway, SC 29526

(b) Mailing address, if different from street address

(c) Telephone Number 843 254 5723 Fed. ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities:

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 3-7 Year: 08

Assets:	
Cash	NONE
Receivables	NONE
Real Estate	NONE
Buildings and Equipment-Net	NONE
Motor Vehicles-Net	NONE 3000
Garage Equipment-Net	NONE
Machinery and Tools-Net	NONE
Supplies on Hand	NONE
Prepaids and Other Assets	NONE
Total Assets	NONE 3000
Liabilities and Equity:	
Accounts Payable	NONE
Notes Payable	NONE
Mortgages Payable	NONE
Equipment Obligations	NONE
Accrued Salaries and Wages	NONE
Other Accrued Obligations	NONE
Other Liabilities	NONE
Total Liabilities	NONE
Capital Stock	NONE
Retained Earnings	NONE
Total Equity	3000
Total Liabilities and Equity	3000

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

I, Danny D Graham  
(Name of Applicant's Representative)

OWNER  
(Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At

Conway, SC  
This the 12th day of March 2008  
[Signature]  
(Notary Public)

Danny D Graham  
(Signature of Applicant's Representative)

Commission Expires: 11/01/2010

EXHIBIT C

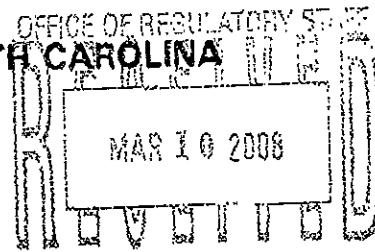
CLASS C

TAXI \_\_\_\_\_

CHARTER \_\_\_\_\_

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina



Applicant Danny D Graham

For the transportation of passengers as follows:

Area to be served: Horry Co.

Number of passengers: 5

Fares: VARIES

Date 3-8-08

Danny D. Graham

By

OWNER

Title

Rev.10/03



## INSURANCE QUOTE

OFFICE OF REGULATORY STAFF  
MAR 10 2008

The following insurance quote is for:

## Standard Lab

(Name of Motor Carrier)

1666 A Ninth Ave Conway S.C.

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance      1800 Down Payment

See attached Form E

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

CANAL INS.

(Insurance Company Name)

ANDERSON PD Box 518 Loris SC 29569

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date \_\_\_\_\_

(Authorized Insurance Company Representative)

Rev 5/07

Form B  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Quadruplicate)

MAR 10 2008

OFFICE OF REGULATORY STAFF

Filed with SOUTH CAROLINA OFFICE OF REGULATORY STAFF OFFICE OF  
(Name of Commission)

THIS IS TO CERTIFY, THAT the Carroll Insurance Company

**P.O. BOX 7 GREENVILLE, SC 29602**

(hereinafter called Company) of

has issued to Danny O Gephart, DBA Standard Cab  
(Name of Motor Carrier)

of 2004 Dorsey Rd Conway, SC 29526  
(Address of Motor Carrier)

a policy or policies of insurance effective from 2/14/2008 (2:51 AM, standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide available bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever regulated, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This Certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving sixty (60) days' notice in writing to the State Commission. Each sixty days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. BOX 7 GREENVILLE SC 29602  
(Street Address) (City) (State) (Zip Code)

this 15th day of February 2008

Sammy Vaughan  
Authorized Company Representative

Insurance Company File No. PLA03320801